

Standard Form No. 1034--Revised

Form prescribed by  
Comptroller General, U. S.  
September 7, 1950  
(Gen. Reg. No. 51, Supp. No. 11)  
(Amended February 20, 1952)

**PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL**

D. O. Vou. No. ....

Approved For Release 2001/08/15 : CIA-RDP64-00360R000600040116-4

Bu. Vou. No. ....

U. S. ....  
(Department, bureau, or establishment)

Voucher prepared at .....  
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. ....

To .....  
(Payee)

Los Angeles 45, California

(Address) (City) (State)

Page 1 of

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY	UNIT PRICE		AMOUNT	
		Discount Terms	Invoice No.		Cost	Per	Dollars	Cts.
			2343				178	60
			2344				466	97
			2345				10,527	29
			2346				1,064	08
			2347				2,846	36
			2348				4,768	67
			2349				29	86
			2350				2	76
			2351				1,229	16

PAYMENT:

Complete ☐

Partial ☐

Final ☐

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Use continuation sheet(s) if necessary

continued

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Comptroller General, U. S.  
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BLIC VOUCHER FOR PURCHASES AT  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. ....

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Bu. Vou. No. ....

Page 2 of

U. S. ....  
(Department, bureau, or establishment)

Voucher prepared at .....  
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. ....

To ..... Thompson Ramo Wooldridge Inc.  
(Payee)

Los Angeles 45, California

(Address) (City) (State)

PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY	UNIT PRICE		AMOUNT	
		Discount Terms	Invoice No.		Cost	Per	Dollars	Cts.
			2352				24,572	43
			2353				79	16
			2354				7,647	91
			2355				2,110	66
			2356				10,612	29
			2357				283	84
			2358				4,218	31
			2359				197	38
			2360				2,799	81

PAYMENT: Complete ☐ Partial ☐ Final ☐

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continued

PUBLIC VOUCHER FOR PURCHASES AND  
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. \_\_\_\_\_  
Bu. Vou. No. \_\_\_\_\_

U. S. \_\_\_\_\_  
(Department, bureau, or establishment)

Voucher prepared at \_\_\_\_\_  
(Give place and date)

THE UNITED STATES, Dr., Payee's Account No. \_\_\_\_\_

To Thompson Ramo Wooldridge Inc.  
(Payee)

Los Angeles, California

(Address) (City) (State)

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PAID BY

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)		QUANTITY	UNIT PRICE		AMOUNT	
		Discount Terms	Invoice No.		Cost	Per	Dollars	Cts.
			2361				686	13
			2362				5,361	52
			2363				434	51
			2364				6,079	30
			2401				239	35
			2402				4,213	92
			2403				58	10
			2404				2,953	24

PAYMENT:

Complete ☐  
Partial ☐  
Final ☐

Use continuation sheet(s) if necessary

Shipped from \_\_\_\_\_ to \_\_\_\_\_ Weight \_\_\_\_\_ Government B/L No. \_\_\_\_\_ Total 93,661 61

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

(Sign original only)

Differences \_\_\_\_\_

STATINTL

Date \_\_\_\_\_ \*Payee \_\_\_\_\_  
(This certificate not required when a like certificate is made by payee on attached bill or bills)

Amount verified; correct for \_\_\_\_\_

93,661 61

(Signature or initials)

Per \_\_\_\_\_ Title \_\_\_\_\_

Contract No. A-101 Date \_\_\_\_\_ Req. No. \_\_\_\_\_ Date \_\_\_\_\_ Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ \_\_\_\_\_

STATINTL

By \_\_\_\_\_

SIGN  
ORIGINAL  
ONLY

Title \_\_\_\_\_

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ { on Treasurer of the United States in  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_ Payee \_\_\_\_\_ favor of payee named above.  
(Sign original only)

\* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given, as "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.  
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ \_\_\_\_\_", and over his official title.

Title \_\_\_\_\_